

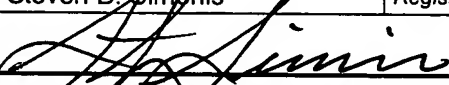
<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b>	02570- P0013A
	<b>First Inventor</b>	Samir W. Habboosh
	<b>Title</b>	Extended Temperature Range EMF Device
	<b>Express Mail Label No.</b>	EL 550 086 095 US

31353 U.S. PTO  
10/736766

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<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u> ] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) [Total Sheets <u>5</u> ] 5. Oath or Declaration [Total Sheets <u>2</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b.: Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent. 17. <input type="checkbox"/> Other.....	
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

<b>18. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number: <u>24126</u> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Steven B. Simonis				
Address	St. Onge Steward Johnston & Reens LLC 986 Bedford Street				
City	Stamford	State	CT	Zip Code	06905-5619
Country	United States	Telephone	203 324-6155	Fax	203 327-1096

Name (Print/Type)	Steven B. Simonis	Registration No. (Attorney/Agent)	54,449
Signature		Date	12/15/2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 ND 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231-1450.

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  Effective 01/01/2003. Patent fees are subject to annual revision	<b>Complete if Known</b>	
	Application No.	Pending
	Filing Date	December <u>16</u> , 2003
	First Named Inventor	Samir W. Habboosh
	Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,121.00	Attorney Docket Number 02570-P0013A WWW/SBS

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>					
<input type="checkbox"/> Deposit Account:	order						
Deposit Account Number	19-4516						
Deposit Account Name	St.Onge Steward Johnston & Reens LLC						
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fees(s) during the pendency of this application							
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1101	770	2001	385	Utility filing fee	\$385.00		
1002	340	2202	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)		(\$)		385.00			
<b>2. EXTRA CLAIMS FEES FOR UTILITY AND REISSUE</b>							
Total Claims	83	-20**	63	X	9	=	\$567.00
Independent Claims	6	-3**	3	X	43	=	129.00
Multiple Dependent						=	
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1201	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claims, if not paid			
1204	86	2204	43	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 over original patent			
SUBTOTAL (2)		(\$)		696.00			
** or number previously paid, if greater; For Reissues, see above							
		<b>*Reduced by Basic Filing Fee Paid</b>					
		SUBTOTAL (3)		(\$)		\$40.00	

SUBMITTED BY St.Onge Steward Johnston & Reens LLC		Complete (if applicable)	
Name (Print/Type)	Steven B. Simonis	Registration No (Attorney/Agent)	54,449
Signature		Telephone	203 324-6155
		Date	12/15/2003

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